

Independent Contractor Induction Checklist

<i>Independent Contractor /Trading Name:</i>	
<i>ABN:</i>	
<i>GST Status:</i>	
<i>Date Started:</i>	
<i>Date Ended:</i>	

Item Completed	Completed	Comments/ Status of Documents	Date Complete	Initial
Contract Signed	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Voluntary Agreement	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Confidentiality Agreement signed	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Independent contractor info form	Yes <input type="checkbox"/> No <input type="checkbox"/>			
W/C Ins Cert of Currency	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Public Liability Insurance Certificate of Currency	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Confirmation of Correct ABN	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Invoice Performa Given	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Blue Card Sited	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Card Number	<input style="width: 100%;" type="text"/>			
First Aid Qualification	Yes <input type="checkbox"/> No <input type="checkbox"/>			
O.H.S. Qualification	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Licenses Sited	Yes <input type="checkbox"/> No <input type="checkbox"/>			
License #	<input style="width: 100%;" type="text"/>			
Superannuation Fund Name (if required)				
Superannuation Member # (if required)				

